

# SHOOT THE ROCK YOUTH BASKETBALL



**REGISTRATION  
DEADLINE  
DECEMBER 3!**

Shoot the Rock Basketball is a **coed** recreational league that offers boys and girls an opportunity to learn fundamentals, teamwork and sportsmanship.

## Why Shoot the Rock?

- STR is the only program in Rocklin associated with the Jr. Kings. **All participants receive a Kings jersey.**
- STR focuses on the fun of basketball in a noncompetitive environment.
- Participants are grouped with kids from their own school and practices and games are held at local school sites.
- Participants have the opportunity to purchase discount Kings tickets and receive an invite to a Jr. Kings Q&A session/clinic.

STR Basketball is offered for boys and girls in grades 1-12. First and second grade participants will play in our instructional league and will be coached by city staff and volunteers. No score will be kept in this division. The goal is to teach the kids fundamentals through fun drills and games.

## Fees:

\$85 Rocklin Residents

\$95 Non-Residents

\$100 Late Fee after 12/3 deadline

There will be a clinic offered on Saturday, January 8 to help brush up your skills. Registration is separate and can be done online. The fee is \$25 R/\$30 NR.

Practices begin the week of January 10. League games begin January 22 with the last game being held on March 12.



# SHOOT THE ROCK REGISTRATION FORM

Name of Player \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex M F

Grade \_\_\_\_\_ School Attending \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parents Name(s) \_\_\_\_\_ Email \_\_\_\_\_

Jersey Size: (NOTE: please order larger size; jerseys always run small) Circle one: YS YM YL AS AM AL AXL AXXL

In order for this program to operate successfully, parent participation is needed. Each team needs one or two coaches. Please indicate your interest in coaching by filling out the information below:

Coach Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Release & Indemnity

In consideration for being permitted by the City of Rocklin to participate in the above activity (ies), I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I or my child may have, or which hereafter accrue to me, or my child, against the city as a result of my or my child's participation in the activity (ies). This release is intended to discharge the city, its officers, officials, employees and volunteers, and any other involved public agencies from and against any and all liability arising out of or connected in any way with my or my child's participation in the activity, even though that liability may arise out of negligence or carelessness on the part of the persons or public agencies mentioned above. I further understand that accidents and injuries can arise out of the activities; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me, or my child (or my or my child's heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my and my child's heirs and assigns. In addition, I agree to indemnify and hold harmless the city and its officers, officials, employees and volunteers from and against all claims, damages, losses and expenses including attorney fees arising out of my or my child's participation in the activity (ies) described above, caused in whole or in part by my and my child's negligent act, except where caused by the active negligence, sole negligence, or willful misconduct of the city.

I HAVE CAREFULLY READ THE ABOVE RELEASE & INDEMNITY AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AGREEMENT TO INDEMNIFY THE CITY AND I SIGN IT OF MY OWN FREE WILL.

Signature of participant (if under 18, Parent or Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Office Use:

Amount: \_\_\_\_\_ Ck# \_\_\_\_\_ CC: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_